STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

FAX: 287-6775

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: William Walcott	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: 12 Horton 51.	Member of the Senate, District
ZIP CODE: <u>04240</u> PHONE NUMBER: <u>783 - 405 9</u>	Member of the House, District 72

GENERAL INSTRUCTIONS

Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions duly recorded as required by law need not be reported in this statement.
- Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- The completed statements will be posted as a 'pdf' on the Commission's website.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

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Disclosure statements are made available to members of the public upon request.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	'	Principal Type of Economic
Name of Employer	<u>Address</u>	Activity of Employer
John F Murphy	HOMES ALLBURA ME	Support Services
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RT II. INCOME DERIVE	D FROM SELF-EMPLOYMENT. (For	Legislators who are self-employed.)
Enter the name and address	s of your business, if any, and list the major a partnership, firm, professional association	areas of economic activity from which you deriven, or similar business entity, list the major areas of
Name and Address	Major Areas of Economic Activity	Major Areas of Economic Activity
of Business Entity	(self)	(partnership, association or similar business entity
\$1,000, whichever is great derived such income. If the	ter, and specify the principal type of econom his form of disclosure is prohibited by law, r	esents more than 10% of your gross income or nic activity of the entity or person from whom you rule, or an established code of professional ethics
\$1,000, whichever is great derived such income. If the	ter, and specify the principal type of econom	nic activity of the entity or person from whom you rule, or an established code of professional ethics arson from whom the income was derived. Principal Type of Economic Activity
\$1,000, whichever is great derived such income. If the	ter, and specify the principal type of econom his form of disclosure is prohibited by law, r	nic activity of the entity or person from whom you nile, or an established code of professional ethics are from whom the income was derived.
\$1,000, whichever is great derived such income. If the specify only the principal to the Name of Source	ter, and specify the principal type of economis his form of disclosure is prohibited by law, r type of economic activity of the entity or pe	nic activity of the entity or person from whom youle, or an established code of professional ethics rson from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	Kind of Income
· Ajous		
"	· ·	·
	:	
RT V. DISCLOSURE OF REL 000 or more that you received during list loans from a relative. If none,	ng the reporting period, and list the major a	ames of creditors for any unsecured loans or areas of economic activity of each creditor. I
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
None_		
•		
gregate value of more than \$300 fro	m a single source. If none, so state.	gift of more than \$300. Include gifts with a
	4	
	ONORARIA. List the source of any ho	onoraria accepted for appearances or speech
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	4	
ART VIII. REPRESENTATION	4	fy each executive branch agency before whi
ART VIII. REPRESENTATION u represented or assisted others for	444	fy each executive branch agency before whi
ART VIII. REPRESENTATION u represented or assisted others for	4 4 BEFORE STATE AGENCIES. Identicompensation of any amount. If none, so s	fy each executive branch agency before whitate.

NONE	2		
ART X. INCOME RECEIVED BY	MEMBERS OF IMMEDIATE FA	AMTLY.	
	b .	000 or more received by your spouse or dep	endent
hild(ren) during the reporting period are ncome received by spouse and (D) besi	nd the kind of income represented. E	To not include gifts. Indicate (S) beside sou	irces of
Type of Economic Activity		•	
Representing Each Source of			
Income Received		Kind of Income	
•			
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The intentional filing of a false s	tatement shall be a Class E. cri	me. If the Commission concludes th	nat it
nnears that a Legislator has wil	lifully filed a false statement, it	t shall refer its findings of fact to the	e e
Attornay Canaral If the Commi	ission determines that a Legisl	ator has willfully failed to file a req	v vired
statement or has willfully filed a	folce statement the Legislator	shall be presumed to have a conflic	ot of
ntorest on every question and sl	hall be precluded from voting	on any question in committee or in	ither
illerest on every duesilon and si			
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oranch of the Legislature, and sl who willfully fails to file a requir	red statement is subject to a civ	vil penalty not to exceed \$1,000, pay	
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